



Signed,



Date: 3/30/07

Signature

Jerry Wilke

Printed name

General Manager

Title

Long Lines Wireless LLC dba Long Lines Wireless

501 4<sup>th</sup> St.

Sergeant Bluff, IA 51054

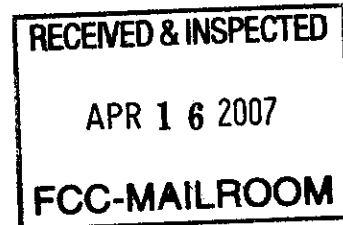
712-271-4000

Attachment: Form 525 ICLS, LTS, LSS, HCL Line Counts



3/30/07

To: Marlene H. Dortch  
Office of the Secretary  
Federal Communications Commission  
445-12<sup>th</sup> Street, SW  
Washington, DC 20554



Irene M. Flannery  
Vice President- High Cost and Low Income Division  
Universal Service Administrative Company  
2000 L Street, NW, Suite 200  
Washington, DC 20036

USAC  
444 Hoes Lane  
RRC 4A1060  
Piscataway, NJ 08854

Re: CC Docket No. 96-45  
***Interstate Common Line Support and Long Term Support- ICLS***  
Annual Certification Filing

This is to certify that **Long Lines Wireless LLC** will use it's **Interstate Common Line Support and Long Term Support- ICLS** only for the provision, Maintenance, and upgrading of facilities and service for which the support is intended.

I am authorized to make this certification on behalf of the company named above. This certification is for the study area(s) listed below.

Company Name	State	Study Area Code
<b>Long Lines Wireless LLC</b>	<b>Iowa</b>	<b>359101</b>

Signed,



Date: 3/30/07

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Signature  
Jerry Wilke  
Printed name  
General Manager  
Title

Long Lines Wireless LLC dba Long Lines Wireless  
501 4<sup>th</sup> St.  
Sergeant Bluff, IA 51054  
712-271-4000

Attachment: Form 525 ICLS, LTS, LSS, HCL Line Counts

# COMPETITIVE CARRIERS HIGH COST DATA SUBMISSION

(1) Quarterly Submission Date:	3.30.07
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(2) USAC Service Provider Identification Number (SPIN):	143030869
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(3) Company Study Area Code: (First time filers leave blank and a Study Area Code will be assigned)	359101
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(4) Study Area Name:	NW Iowa
(5) Company Legal Name:	Long Lines Wireless LLC
(6) Filer ABS ID:	

Check Box if this is a new address/contact from a previous data submission: ☒

501 Fourth Street, Sergeant Bluff, IA 51054	
(8) Contact Name:	Jerry Wilke
(9) Title:	General Manager
(10) Telephone Number:	712-271-5583
(11) E-mail Address:	jwilke@longlines.com

Do Not Write in this Area: For Administrator's Use Only
--

(12) Mechanism for which you are requesting support:		(13) Lines Reported as of:	(14) Type of Filing		(15) Worksheet to Complete
			Original	Revision	
High Cost Loop Support (HCL)		9/30/2006	X		Complete HCL and LSS
Local Switching Support (LSS)		9/30/2006	X		Complete HCL and LSS
Interstate Common Line Support (ICLS)		9/30/2006	X		Complete ICLS Worksheet
High Cost Model Support (HCM)					Complete HCM Worksheet
Interstate Access Support (IAS)		12/31/2006	X		Complete IAS Worksheet

### Line Count Data for Path 1, 2 & 3 Carriers

**Complete one row for each disaggregation zone**

**Do Not Write in this Area:  
For Administrator's Use Only**

(23) Were any lines provided through lines?

## HCL & LSS Line Count Worksheet

INTERSTATE COMMON LINE SUPPORT (ICLS) LINE COUNT WORKSHEET

(2) USA-C Service Provider Identification Number (SPIN)	143030869	Do Not Write in this Area For Administrator's Use Only
(3) Company Study Area Code	359101	
(4) Study Area Name	NW Iowa	
(13) Lines Reported as of:	9/30/2006	
(14) Type of Filing	Original	

Line Count Data for Path 1, 2 & 3 Carriers

Complete one row for each disaggregation zone.

(24) Incumbent Carrier Name	(24) Incumbent Carrier EAC	(26) ETC Designation	(27) Path Designation	(28) Disaggregation Zone Name	(29) Wire Center CLLI Code	(30) Residence & Single Line Business	(31) Multi-line Business	(32) Total Number of Lines in Service
Schaller Telephone Company	351291		1			26		26
Northern Iowa Telephone Company	351298		1			25		25
Heartland Telephone Company DBA HickoryTech	351096		1			5		5
Western Iowa Telephone Company	351334		1			3		3
Northwest Iowa Telephone Company, Inc.	351260		1			333		333
River Valley Tel. Coop	351189		1			2		2
C.M.L. Telephone Coop	351133		1			1		1
Ruthtven Tel. Exchange Co.	351284		1			8		8
Sac County Mutual Telephone Company	351285		1			9		9
United Farmers Tel. Co.	351316		1			5		5
Frontier Communications of Iowa, Inc.	351127		1			5		5
Iowa Telecom	351178		1			89		89
Iowa Telecom North	351167		1			103		103
Iowa Telecom North	351167		1			12		12

Use an additional sheet if necessary.

(2) USAC Service Provider Identification Number (SPIN)	143030869
(3) Company Study Area Code:	359101
(4) Study Area Name:	NW Iowa
(13) Lines Reported as of:	
(14) Type of Filing:	

Do Not Write in this Area.  
For Administrators Use Only

**Do Not Write in this Area:  
For Administrator's Use Only**

**Complete one row for each Wire Center.**

[illegible]

**Use an additional sheet if necessary.**



**Do Not Write in this Area:**  
For Administrator's Use Only

Do Not Write in Blue Area  
For Administrator's Use Only

(39) Incumbent's Center Name	(40) Incumbent Center SAC	(41) ETC Designation

Use an additional sheet if necessary.

**IAS Line Count Worksheet**

UNBUNDLED NETWORK ELEMENTS REPORTING

(2) Local Service Provider (Local Exchange Number) (LEIN)	143030969	Do Not Write in This Area For Administrator's Use Only
(3) Company Study Area Code	359101	
(4) Study Area Name	NW Iowa	

Complete one worksheet for each study area of a Path 1 rural incumbent carrier in which the competitive carrier is reporting lines and uses unbundled network elements ("UNEs") to serve the reported lines. The competitive carrier must separately identify the number of UNE loops, UNE price per loop, any port and vertical services costs included in the UNE loop price, number of loops receiving UNE switching service, the UNE switching price per minute and number of switching minutes.

(5) Incumbent Carrier Name

(6) Incumbent Carrier Study Area Code

Please provide the following information for Path 1 Rural Incumbent Carrier Study Areas:

(65) UNE Zone	(66) No. of Loops	(67) Price per Loop	(68) No. of Ports	(69) Price per Port	(70) Price per Vertical Service	(71) No. of Loops with Switching	(72) Price per Switching Minute	(73) Price per Minute
Zone 1								
Zone 2								
Zone 3								
Zone 4								
Zone 5								

Complete one worksheet for each study area of a Path 2 or Path 3 rural incumbent carrier in which the competitive carrier is reporting lines and uses unbundled network elements ("UNEs") to serve the reported lines. For each incumbent study area, list the name of each disaggregation zone. If the disaggregation zone includes more than one UNE zone, please report the lines in each UNE zone per disaggregation zone on a separate row. The competitive carrier must separately identify the number of UNE loops, UNE price per loop, any port and vertical services costs included in the UNE loop price, number of loops receiving UNE switching service, the UNE switching price per minute and number of switching minutes.

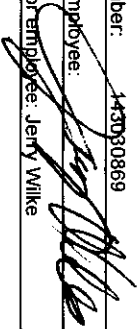
Please provide the following information for Path 2 and Path 3 Rural Incumbent Carrier Study Areas:

(74) UNE Zone Name	(75) Disaggregation Zone Name	(76) UNE Type	(77) Quantity	(78) Price	(79) Price
		Loops without port costs			
		Ports			
		No. of loops w/ Vertical Services			
		No. of loops w/ switching			
		Loops without port costs			
		Ports			
		No. of loops w/ Vertical Services			
		No. of loops w/ switching			
		Loops without port costs			
		Ports			
		No. of loops w/ Vertical Services			
		No. of loops w/ switching			
		Loops without port costs			
		Ports			
		No. of loops w/ Vertical Services			
		No. of loops w/ switching			

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING FCC FORM 525 ON ITS OWN BEHALF:

**Certification of Officer or Employee as to the Accuracy of the Data Reported in FCC Form 525, Line Count Report for Competitive Carriers, on  
Behalf of Reporting Carrier**

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the actual line count data reported on FCC Form 525; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier:		Long Lines Wireless LLC	
Service Provider Identification Number:		143080869	
Signature of authorized officer or employee:		 Date: 3-30-07	
Printed name of authorized officer or employee:		Jerry Wilke	
Title or position of authorized officer or employee: General Manager			
Telephone number of authorized officer or employee: (712) 271 - 5583 ext.			
Study Area Code of Reporting CETC	359101	Filing Due Date for this form (mm/dd/yyyy)	3/31/2006
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING FCC FORM 525 ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to Authorize an Agent to File FCC Form 525, Line Count Report for Competitive Carriers, on Behalf of Reporting Carrier			
<p>I certify that (Name of Agent) _____ is authorized to submit the information reported on FCC Form 525 on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the actual line count data provided to the authorized agent; and, to the best of my knowledge, the actual line count data provided to the authorized agent is accurate.</p>			
Name of Authorized Agent: _____			
Name of Reporting Carrier: Long Lines Wireless LLC			
Service Provider Identification Number:		143030869	
Signature of authorized officer or employee:		Date:	
Printed name of authorized officer or employee:			
Title or position of authorized officer or employee:			
Telephone number of authorized officer or employee: ( ) - ext.			
Study Area Code of Reporting CETC	359101	Filing Due Date for this form (mm/dd/yyyy)	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File FCC Form 525, Line Count Report for Competitive Carriers, on Behalf of Reporting Carrier			
<p>I, as agent for the reporting carrier, certify that I am authorized to submit the information reported on FCC Form 525 on behalf of the reporting carrier; I have provided the line count data reported herein based on actual line count data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. I also certify that I will provide copies of the line count filing to the reporting carrier within 15 days.</p>			
Name of Reporting Carrier: NW Iowa			
Name of Authorized Agent: _____			
Signature of authorized agent or employee of agent:		Date:	
Printed name of authorized agent or employee of agent:			
Title or position of authorized agent or employee of agent:			
Telephone number of authorized agent: ( ) - ext.			
Study Area Code of Reporting CETC	359101	Filing Due Date for this form (mm/dd/yyyy)	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

FCC Form 525  
High Cost Support Mechanism  
Competitive Carrier Line Count Form

FCC Form 525  
OMB Control No. 3060-0986  
January 2005

**NOTICE:** Sections 54.307(b) and 54.802(a) of the Federal Communications Commission's rules requires all competitive eligible telecommunications carriers to provide line count information to USAC, the universal service Administrator, in order to be eligible to receive support. Pursuant to Sections 54.307(c) and 54.802(a), this information must be submitted by support mechanism on a quarterly basis in accordance with the incumbent carrier's line count reporting schedule. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. The data in the form will be used to calculate the amount of support, if any, that each reporting carrier is eligible to receive from the High Cost support mechanisms.

We have estimated that each response to this collection of information will take, on average, 5 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0986). We also will accept your comments via the Internet if you send them to [Judith-B.Herman@fcc.gov](mailto:Judith-B.Herman@fcc.gov). Please **DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.**

**Remember --** You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0986.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information that you provide to determine High Cost support amounts for competitive eligible telecommunications carriers. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission, (b) any employee of the Commission, or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on this form, you are not eligible to receive support under the High Cost support mechanisms, 47 C.F.R. §§ 54.307 and 54.802.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.